

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000153685

Entity Name: HEALTHCARE ADMINISTRATION SOLUTIONS, LLC

Current Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, MARIA E
1835 N.E. MIAMI GARDENS DRIVE
#167
MIAMI, FL 33179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, MARIA E
Address 1835 N.E. MIAMI GARDENS DRIVE
#167
City-State-Zip: MIAMI FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA E GONZALEZ

MGR

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date